2017 - 08 - 18 - 03 - 00171891

FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED FEC MAIL CENTER

(a) Name of Candidate (in full)			2017 AUG 18	AHTTF 39
Jonathan Hans Ebel				
(b) Address (number and street) 27 Montclair Rd.	☐ Check if address changed		2. FEC Candidate Identific	
(c) City, State, and ZIP Code Urbana, Illinois 61801			3. Is This Statement (N)	OR Amended (A)
4. Party Affiliation Democrat	5. Office Sought House of Representatives	6. State & District Illinois - 13	ct of Candidate	
DE	SIGNATION OF PRINCIPAL	CAMPAIGN	COMMITTEE	
I hereby designate the following nar	ned political committee as my Principal (Campaign Commi	ittee for the 2018	election(s).
and the second of the second o	iled with the appropriate office listed in the		(year of election	
(a) Name of Committee (in full)				
Friends of Jonathan Ebel				
(b) Address (number and street)				· · · · · · · · · · · · · · · · · · ·
27 Montclair Rd.			•	
(c) City, State, and ZIP Code			······································	
Urbana, Illinois 61801				
I hereby authorize the following nan- candidacy.	(Including Joint Fundraising Joint Fundraising Joint Fundraising Joint Fundraising Joint Fundraising Including Joint Fundraising Including Joint Fundraising Including Joint Fund Including Joint Fund Including Joint Fund	g Representative	s)	end funds on behalf of my
(a) Name of Committee (in full)	·			
(b) Address (number and street)				
(c) City, State, and ZIP Code				12 44 L 144
I certify that I have exa	mined this Statement and to the best of	my knowledge an	nd belief it is true, correct a	and complete.
Signature of Candidate			Date	•
Just 16: Cl	_		12 August 20	r.
NOTE: Submission of false, erroneous	s, or incomplete information may subject	the person signin	g this Statement to penalti	es of 52 U.S.C. §30109.
		,		
				. •
9-00068				FEC FORM 2 (REV. 02/2009)

2017 - 08 - 18 - 0M - 00171892

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	of	
raye	 vi	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my			
	candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(b) Address (number and street)	<u>.</u>		
	(c) City, State, and ZIP Code			
		•		
_		· · · · · · · · · · · · · · · · · · ·		
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to	receive and expend funds on behalf of my		
	candidacy. NOTE: This designation should be filed with the principal campaign committee.	State of the state		
	(a) Name of Committee (in full)			
	(4) / 14110 61 65111111466 (11 / 121)			
	(b) Address (number and street)			
	(a) City State and ZID Code			
	(c) City, State, and ZIP Code	·		
_				
8.	. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	receive and expend funds on behalf of my		
	candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			
8.	. I hereby authorize the following named committee, which is NOT my principal campaign committee, to	receive and expend funds on behalf of my		
	candidacy. NOTE: This designation should be filed with the principal campaign committee.	•		
	(a) Name of Committee (in full)			
	Alter a proof 101	of a state of the		
	(h) Add(a			
	(b) Address (number and street)			
	·			
	(c) City, State, and ZIP Code			

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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

5(g) or (h).	Joint Fundraising	g Participant:	
1.			FEC ID number C
2	. <u> </u>		FEC ID number
. 3	. <u> </u>		FEC ID number
4			FEC ID number C
6. Nam	e of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative, or Leadership PAC Sponsor
L	<u> </u>		
L	<u> </u>		
	Mailing Address		
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee oint F	Fundraising Representative Leadership PAC Sponsor
8. Desi	gnated Agent: Identify	by name, address (phone number - optional)	
ŗ	Full Name		
1	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
			ephone Number
9. Banl safet	ks or Other Depositor ty deposit boxes or ma	ries: List all banks or other depositories in which th iintains funds.	ne committee deposits funds, holds accounts, rents
	ne of Bank,		ı
Depo	ository, etc.	1	<u> </u>
	Mailing Address		

Urbama, IL 61861 Ebel 37 Havitckir Rd.



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> Federal Election Commission 20463 999 E Street, NW Mashington, D.C.

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
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(3/2015)	DATE PREPARED		